

Ninth Annual
Teaching & Learning CONFERENCE

June 18, 2019

First name, last name _____

School/organization _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Email address will only be used for conference related information and will not be distributed to any third parties.

Home phone _____ Cell phone _____

Tell us more about yourself (check all that apply):

- I am a current K-12 teacher- grade level _____
How many years of teaching
 - 3 or less
 - 4-7 years
 - 8 or more
- I am higher education faculty
- I am a CSS alum, year _____
- I am an administrator
- I am a current CSS student
- other: _____

Names of additional persons you are registering:

1) _____ 3) _____

2) _____ 4) _____

Number of registrations _____ x \$99 \$ _____

Number of registrations _____ x \$25 (CSS - School of Education student rate) \$ _____

TOTAL \$ _____

Please send check or PO to:
The College of St. Scholastica
c/o Amy Bergstrom School of Education
1200 Kenwood Ave., Duluth, MN 55811



Make checks payable to CSS-School of Education
Receipts are available upon request the day of the event at the registration table.